

Commonwealth of Massachusetts Division of Professional Licensure Office of Public Safety and Inspections

APPLICATION FOR ELEVATOR ANNUAL/BIENNIAL TEST OF SAFETY DEVICES & FIREFIGHTER SERVICE OVERTIME AT NIGHT

Send application to: Office of Public Safety and Inspections, P.O. Box 3814, Boston, MA 02241-3814

			, , , , , , , , , , , , , , , , , , ,			
Location Name		Street Address		City, State, Zip		
Edition Name		Si cerrida es		City, State, Eip	city, state, zip	
Owner Name		Owner Street Address		City, State, Zip		
Owner E-Mail		I	Owner Phone Number	I		
Elevator Company		Elevator Company Street Address		City, State, Zip		
Elevator Company Registration Number		Elevator Company E-Mail		Elevator Company Phone Number		
State ID Number \$400		Fire Service OT Fee \$400 (If requested)	Check Number	Receipt Number DPS use only	<u>Total Fee</u>	
be shut down pend Violation and a 60 days from the annowill result in the eland an Elevator Wooffice. Failure to that are shut down inspected and certistand control of the Office is not resistant and control of the c	ding repair and re- or 90 day tempor ual test date, unlest evator being shut ork Order Notice of so submit the Notice must re-apply for ified as safe.	be pre-inspected and mainspection. Elevators instance arry certificate. Elevators is an extension is granted down. Elevators issued a for Completion attesting the coff Completion within application of the coff completion with application of the coff completion with application of the correct State ID Number inspection is \$400 per unit	spected and found in s issued a 90 day tened. Failure to be read a 60 day temporary contact the repair work he 60 days will result in the additional fees, and mbers on application	non-compliance will kenporary certificate will ly for, or failure to palertificate must be replassible been completed must be elevator being shad will remain shut does. Please make sure to	be issued a Notice of II be re-inspected 90 ss the 90 day re-test aired within 60 days nust be submitted to hut down. Elevators wn until they are re-that your application	
Signature of Applicant			Print Name of Applicant Legibly			
E-mail of Applicant			Date			
Se	end application and	d non-refundable check p	payable to "Commonv	wealth of Massachuse	tts"	

To: Office of Public Safety and Inspections, P.O. Box 3814 Boston, MA 02241-3814

<u>Note:</u> Application fee is for the unit on behalf of unit owner. The Office will not issue a refund if there is loss of contract with the Service Company. You must submit one application and one check for each elevator. Certificates and work orders will be sent to the owner and applicant e-mails listed above.